

# Los Angeles County Dept. of Mental Health

## Student Professional Development Program

2016-2017 Academic Year

Complete this form for each discipline to be placed at this agency:

- ☒ **Psychology**  
     ☒ Practicum  
     ☒ Clerkship/Internship  
     ☐ Externship  
☐ **Social Work**  
     ☐ Specialization: \_\_\_\_\_  
     ☐ Macro/Administrative  
☐ **MFT**  
☐ **Occupational Therapy**  
☐ **Other** (specify): \_\_\_\_\_

Service Area

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<b>DMH Agency:</b>	Hollywood Mental Health Center
<b>DMH Agency Address:</b>	1224 Vine Street, LA, CA 90038
<b>Agency Liaison:</b>	Monika Riederle, Ph.D.
<b>New or Returning</b>	<input type="checkbox"/> New <input checked="" type="checkbox"/> Returning
<b>Liaison Email Address:</b>	mriederle@dmh.lacounty.gov
<b>Liaison Phone Number:</b>	(323) 769-6180
<b>Liaison Fax Number:</b>	(323) 467-2647
<b>Agency ADA Accessible</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No" Identify: _____

### Student Requirements:

<b>How many positions will you have?</b>	2-3
<b>Beginning and ending dates:</b>	9/9/2016-7/31/2017

Specific days and times you prefer students to be available (also indicate hours that are available for students to provide services): **No Preference –program operates 5 days per week**

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	
<b>Thursday</b>	
<b>Friday</b>	

Specific days and times **mandatory** that students are available for staff meetings, training seminars, supervision, etc. Please indicate SM (Staff Meeting), TR (Training), SUP (Supervision)

<b>Monday</b>	
<b>Tuesday</b>	
<b>Wednesday</b>	8:30 – 3:30 (for trainings, etc.)
<b>Thursday</b>	
<b>Friday</b>	
<b>Total hours expected to be worked per week:</b>	20 for practicum; 24 for internship
<b>How many clients would the student have at one time?</b>	Between 7 – 10

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<b>What cultural groups and language services are provided at your site?</b>	Multi-ethnic, many languages (Spanish, Armenian, Russian, etc.)
<b>What is the timeline that you expect a student to commit to (e.g. a full year including holidays; academic year; semester)?</b>	About 11 months (see above for dates)

*Provide a short description of your site and services offered:*

**Individual and group therapy, screening and triaging potential new clients in walk-in clinic, crisis intervention and case management as needed, intake evaluations**

*Students will provide services for (please check all that apply):*

<input checked="" type="checkbox"/> <b>Individuals</b>	<input type="checkbox"/> <b>Consultation/Liaison</b>
<input checked="" type="checkbox"/> <b>Groups</b>	<input checked="" type="checkbox"/> <b>Psycho-Educational Groups (e.g. Parenting)</b>
<input type="checkbox"/> <b>Families</b>	<input checked="" type="checkbox"/> <b>Community Outreach (some possibility)</b>
<input type="checkbox"/> <b>Children 0-5</b>	<input checked="" type="checkbox"/> <b>FSP (only 1-3 occasions to go out w/ staff to experience FSP work)</b>
<input type="checkbox"/> <b>Children &amp; Adolescents</b>	<input type="checkbox"/> <b>FCCS</b>
<input checked="" type="checkbox"/> <b>Adults</b>	<input type="checkbox"/> <b>Specialized Foster Care</b>
<input checked="" type="checkbox"/> <b>Older Adults (some)</b>	<input checked="" type="checkbox"/> <b>AB109 (some)</b>
<input type="checkbox"/> <b>Court/Probation referred</b>	<input checked="" type="checkbox"/> <b>Veterans (some)</b>

*Evidenced Based Practices/Promising Practices offered at your agency:*

<input type="checkbox"/> <b>Child-Parent Psychotherapy</b>	<input checked="" type="checkbox"/> <b>Seeking Safety</b>
<input type="checkbox"/> <b>Crisis Oriented Recovery Services</b>	<input type="checkbox"/> <b>Trauma Focused Cognitive Behavioral Therapy</b>
<input type="checkbox"/> <b>Dialectical Behavior Therapy</b>	<input type="checkbox"/> <b>Triple P – Positive Parenting Program</b>
<input type="checkbox"/> <b>Families OverComing Under Stress</b>	<input checked="" type="checkbox"/> <b>Other (Specify) Interpersonal Psychotherapy</b>
<input type="checkbox"/> <b>Managing and Adapting Practices</b>	<input checked="" type="checkbox"/> <b>Other (Specify) CBT</b>

*Students will provide (please check all that apply):*

<input checked="" type="checkbox"/> <b>Brief Treatment</b>	<input checked="" type="checkbox"/> <b>Screening and Assessment</b>
<input checked="" type="checkbox"/> <b>Long – Term Treatment</b>	<input checked="" type="checkbox"/> <b>Crisis Intervention</b>
<input checked="" type="checkbox"/> <b>For Psychology Students Only:</b> Testing percentage: upon request Treatment percentage: required	

**What are the most frequent diagnostic categories of your client population?**

Major affective and psychotic disorders, co-occurring disorders (substance use), trauma

**What specific training opportunities do students have at your agency?**

Training exposure to EBP's such as Seeking Safety, Crisis Oriented Recovery Services; exposure to community mental health population (multi-ethnic, multi-cultural)

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What theoretical orientations will students be exposed to at this site?

CBT, psychodynamic approaches; eclectic

Do students have the opportunity to work in a multidisciplinary team environment? If so, please list professionals/paraprofessionals who work as a part of your staff.

Work with social workers, psychologists, community workers, medical case workers, psychiatrists, mental health counselor R.N.'s and social work interns

Does your agency have Peer Specialists or Service Extenders providing services?

Yes ☒

No ☐

List locations where students will be providing services **other than agency**?

All in clinic, except when go out w/ FSP staff on field trips or w/ HMHC staff to field, which is rare

Does your agency allow students to videotape and/or audiotape clients for the purpose of presenting cases in their academic classes?

Yes ☒

**Only with clients written consent**

No ☐

## *Supervision:*

What types of supervision will you provide for the students and what is the expected licensure and discipline status of the supervisor? Please specify.

Type	Hours Per Week	Supervisor Degree/License
Individual	1-2.5, depending on whether practicum or internship	Ph.D.
Group	1 hour twice a month	Ph.D., LCSW
Individual & Group		

Do you have one or more staff, who is licensed by:

☒ California Board of Psychology

☐ California Board of Science

☐ California Board of Examiner

Does your agency provide the student with the following minimum training experiences?

A. One hour of direct individual or group experience with an on-site licensed staff?

Yes ☒

No ☐

B. Weekly staff meetings

Yes ☐

No ☒ **Monthly staff meeting, twice/month team meetings**

C. In-service training experiences, e.g. reading, didactic training seminars, professional presentations and case conferences?

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Yes ☒ No ☐

*Students will be evaluated through (please check all that apply):*

<input checked="" type="checkbox"/> Direct observation by clinical staff of student's clinical work (at beginning + occasionally)	<input type="checkbox"/> Review of audio or video recording of student's sessions
<input checked="" type="checkbox"/> Report of clinical work in supervision	<input checked="" type="checkbox"/> Review of student's written clinical notes
<input checked="" type="checkbox"/> Co-facilitation of groups/sessions with clinical staff	<input type="checkbox"/> Other (specify):

## ***Selection of Students:***

After Director of SPDP approval, are all students free to call you to set up interviews?

Yes ☒ No ☐

Do you require that the school's Director of Clinical Training/Field Education select the candidate(s) your site will interview from our student body?

Yes ☒ No ☐

Does your agency prefer the student to work from a particular theoretical orientation?

Yes ☐ No ☒ If yes, please specify: \_\_\_\_\_

Does your agency require a particular range of previous experience or specific prerequisite coursework? If so, please explain.

## **Agency Application Process**

Does your agency have any formal application process required of students beyond what is listed above?

Yes ☒ No ☐ If yes, please specify

Call to set up sending/emailing/faxing CV/resume; then will set up interview; by time of interview need to have/bring 2-3 letters of recommendation (if possible one at least from a prior clinical supervisor)

Please specify dates your agency accepts students: according to standard notification day in April.  
Start date in September

Supervision will be in compliance with professional standards established by the following:

☒ APPIC ☐ AAMFT  
☐ NASW ☐ Other (specify): \_\_\_\_\_

I confirm that my supervisor has approved participation in the SPDP.

Please acknowledge this by checking the following box ☒

DMH Staff completing this form: Monika Riederle, Ph.D.

Title: Supervising Psychologist

Supervisors Name: Paul Sacco, LCSW

Title: Mental Health Program Head

Date of Completion: 1/30/2013